

OREGON -- 2001 Real Choice Systems Change Grant

Identified Problems with the States' Long-Term Care System

- Inadequate residential capacity for individuals with psychiatric disabilities.
- Inability to meet the needs of individuals with multiple physical and psychiatric needs in community care programs.
- Inadequate provision of mental health supports to older adults and persons with physical disabilities that would benefit from mental health services.
- Need for more training in mental health approaches and consumer self-determination.
- Substantial unmet need in providing integrated services to people with psychiatric disabilities: a lack of affordable and accessible housing; a lack of meaningful choice and self-determination opportunities for consumers and family representatives; a lack of training for service coordinators, consumers and family representatives, and providers in the values and model programs developed and piloted for people with psychiatric disabilities; and lack of an adequate number of trained personal assistants and specially trained registered nurses.

Perceived Strengths

- Use of the 1915(c) waiver to reform the long-term care system.
- Commitment to foster a viable community long-term psychiatric care system. Currently, a greater proportion of persons with psychiatric disabilities live in community settings.
- Commitment to Olmstead planning for people with psychiatric disabilities.
- Willingness of local leaders in mental health services to develop innovative residential services in their communities when funding opportunities arise.

Primary Focus of Grant Activities (targeted to individuals with psychiatric disabilities)

- Increase affordable and accessible housing.
- Promote informed choice, consumer self-determination, and person-centered planning.
- Increase the availability of the Personal Assistants and Contract Registered Nurses (CRNs).
- Provide funding to add and strengthen consumer-run drop-in centers throughout Oregon.
- Provide training to consumers concerning the ADA, the Olmstead decision, self-advocacy, assessing care needs, protection from abuse, and self-directing care.

Goals, Objectives, and Activities

Overall Goal. Increase the capacity of Oregon's service system to support people with psychiatric disabilities in community settings of their choice, and provide greater consumer control in the determination and provision of services.

Goal. Increase affordable and accessible housing.

Objectives/Activities

- Develop a coordinated, comprehensive, statewide housing planning process.
- Improve planning, efficiencies, and housing resources at the individual consumer level and at the county and state levels (hire housing specialist).
- Enhance partnership between consumers, family representatives, service coordinators, housing providers, and federal, state, local, and nonprofit organizations dealing with housing resources and issues.
- Increase public information regarding exemplary housing options through statewide conferences.
- Increase the provision of needed furnishings, deposits, retrofitting of settings, and rent subsidies (for persons awaiting approval for housing vouchers).
- Increase coordination of services for persons with disabilities who are homeless.

Goal. Promote informed choice and consumer self-determination.

Objectives/Activities

- Revise the planning used by the mental health system to a person-centered process.
- Expand consumer and family representative participation for all people with disabilities in planning and implementation efforts.
- For individuals who qualify for waiver services through SDDS or other agencies, develop better linkages between the Mental Health System and community care options.
- Increase utilization of Peer Specialist positions in the provision of services and quality assurance efforts.
- Develop a Consumer Self-Direction demonstration project within one Community Mental Health Program for self-directed funding for persons with psychiatric disabilities. Fund one pilot "brokerage agency" operated by consumers and family representatives, which will recruit and train personal assistance service staff, provide respite staff, provide advocacy upon request at individual planning meetings, and better utilize existing resources.
- Strengthen existing consumer-run drop-in centers and centers for independent living and provide start-up funding for up to four additional consumer-run drop-in centers for state areas lacking such services.
- Assist consumers and family representatives to partner with transportation agencies and other organizations to develop increased transportation services for persons with disabilities in rural areas of Oregon.

Goal. Increase knowledge of the ADA, person-centered planning, consumer choice, self-advocacy, and protection from abuse among consumers, family representatives, service coordinators, and service providers.

Objectives/Activities

- Provide and coordinate a range of training activities.
- Develop a cadre of specialized service managers to work with special need populations.
- Develop a group of specialized service coordinators who have the skills to work with persons with disabilities with special needs.
- Develop and distribute regional lists of language translator services (including sign language, Speech-to-Speech, etc.).

Goal. Increase the availability of personal assistants and contract registered nurses.

Objectives/Activities

- Develop a statewide recruitment effort for personal assistants. Target high schools, community colleges, the Oregon Department of Employment and the Vocational Rehabilitation Services Division. The Consumer Task Force will look at other strategies including a media campaign and public relations strategies.
- Partner with Oregon's new Home Care Commission to develop training modules for personal assistants.
- Partner with the Home Care Commission & the Lifespan Respite program to develop a statewide registry of personal assistants.
- Build on the current Contract Registered Nurse (CRN) program available to SDDS clients and caregivers to include CRNs with specialized training in dealing with complex behavioral and mental health issues.

Key Activities and Products

- Assess the use of consumers and family representatives employed as mentors or peer specialists, and review State Plan and Medicaid rules to explore ways to increase their appropriate employment. Evaluate changes in employment outcomes and make recommendations for continued expansion of such services.
- Provide start-up funding for one consumer-directed brokerage agency located in one county through the grant.
- Provide start-up funding to develop up to four consumer- and family-run drop-in centers to serve persons with psychiatric and behavioral issues in state regions currently without such services, and implement activities to strengthen existing drop-in centers and centers for independent living.
- Partner consumers, family representatives, and advocacy organizations in rural and underserved areas with the Oregon Department of Transportation to develop increased transportation services for persons with disabilities.
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- Expand a training plan to provide specialized training to nurses in psychiatric services. Upon completion, up to 20 nurses will be given state contracts to provide mobile assessment and training services to consumers in independent living and supported housing settings.
- Develop a statewide recruitment effort for personal assistants.
- Develop training modules for personal assistants. Modules will include an orientation, best practices, and meeting specialized needs.
- Develop a statewide registry of personal assistants who are available part-time, full-time, and in emergency situations. The CTF would like to see a searchable registry that includes personal assistants' interests, training, and availability.

Consumer Partners and Consumer Involvement in Planning Activities

Consumer Task Force (CTF) members developed grant priorities and goals and reviewed the grant applications. The CTF comprises persons with disabilities, family representatives, and members of disability advocacy organizations.

Consumer Partners and Consumer Involvement in Implementation Activities

Six members of the CTF will be part of the Grant Evaluation Group, which will meet monthly with the Grant Coordinator and will generate a monthly progress report. CTF members will be provided a stipend of \$30 per meeting and reimbursement for transportation expenses to facilitate their participation in 12 scheduled CTF meetings.

Public Partners

- Key Agencies:
 - C Office of Mental Health and Addiction Services (formerly part of MHDDSD), DHS
 - C Seniors and People with Disabilities (formerly SDSD), DHS
 - C Long-Term Care Quality Unit, DHS
 - C Community-Based Care Programs for Seniors and Persons with Physical Disabilities, DHS
 - C Community Relations and Community Education Unit, DHS.
- Additional agencies:
 - C Office of Developmental Disability Services (formerly part of MHDDSD), DHS
 - C Department of Transportation
 - C Department of Employment
 - C Vocational Rehabilitation Services Division
 - C Housing and Community Services Division (Public Housing Agencies)
 - C Housing and Urban Development
 - C County social service agencies
 - C High Schools and Community Colleges.

Private Partners and Subcontractors Involved in Planning and Implementation

The following advocacy organizations participated in planning activities (as part of CTF):

- Oregon Disabilities Council.
- Oregon Developmental Disabilities Council.
- National Alliance for the Mentally Ill (Oregon Chapter).
- Governors Commission on Senior Services.
- Oregon Association of Area Agencies on Aging.
- Center for Self-Determination.
- Oregon Family Support Network.
- Oregon Association of Disability Services Advisory Councils.
- AARP.

The following organizations will be involved in implementation activities:

- Oregon Health Sciences University (OHSU).
- Self Development Resources, Inc.
- Local non-profit housing developers and residential providers (unnamed in proposal).
- Safe Haven Organizations (serve the homeless).
- Home Care Commission.
- Lifespan Respite.

Public and Private Partnership Development/Involvement in the Planning Phase

The advocacy organizations listed above were represented on the CTF that developed priorities for the project and reviewed the proposal. Staff from the Office of Mental Health and Addiction Services (formerly a part of the Mental Health and Developmental Disabilities Services Division), Seniors and People with Disabilities (formerly Senior and Disabled Services Division), and Vocational Rehabilitation coordinated meetings with the Consumer Task Force and agency staff to identify priority issues and the writing of the grant proposal.

Public and Private Partnership Development/Involvement in Implementation

Public Partners

- Several public agencies within DHS (e.g., OMHAS, SPD) and the Community Services Division will manage the project. In addition, representatives from these agencies will serve on a subgroup of the CTF that will monitor the progress of the project.
- Staff from these key agencies will work with staff from other public agencies to implement the project.

Private Partners

- Representatives from advocacy organizations on the CTF will monitor progress of the grant.
- A representative from Oregon Health Sciences University will participate in a subgroup of the CTF that will closely monitor progress of the grant.

- OHSU and Self Development Resources, Inc. will help develop a RFP and select a county for development of a pilot brokerage agency.
- Housing specialists will work with local non-profit housing developers and residential providers to leverage funding for new developments.
- A homeless housing coordinator will work with Safe Haven organizations which serve the homeless to coordinate services to persons with disabilities.
- State officials will work with the Home Care Commission and Lifespan Respite to develop a statewide registry of caregivers.

Oversight/Advisory Committee

The Grant Evaluation Group (GEG) will monitor project activities to assure that goals and timelines are met. The GEG will comprise members of the CTF and one representative from each of the following five entities: SPD, OMHAS , VRD, Housing and Community Services Division, and Oregon Health Sciences University.

Formative Learning and Evaluation Activities

- The Grant Evaluation Group (GEG) will meet quarterly with the Grant Coordinator and will generate a progress report, noting accomplishments and barriers, which will be submitted to the full CTF and to DHS. Progress toward meeting grant goals and identified barriers will be reviewed and discussed at each full meeting of the CTF.
- Consumer satisfaction feedback will be obtained whenever persons with disabilities receive services through the grant. The results will be reported to the CTF and DHS.
- Feedback on training sessions and grant-sponsored annual conferences will also be reported.
- The Grant Coordinator will provide an annual written report to the CTF for each year of the grant, summarizing accomplishments and barriers. The CTF will add comments and send it to DHS. As needed, the CTF will meet with DHS staff to discuss identified barriers and recommendations.

Evidence of Enduring Change/Sustainability

- Activities to strengthen cooperation among federal, state, and local housing agencies in order to increase access to affordable housing will endure beyond the grant period.
- The effects of training activities will endure beyond the grant period.
- The following outcomes will endure beyond the grant period: improved consumer choice and self-determination through increased participation in planning and implementation activities by conversion to person-centered planning within the mental health system; implementation of a brokerage agency and strengthened consumer drop-in centers; increased employment of consumers as mentors and peer specialists; and additional transportation assistance provided in rural areas to increase consumer to services and community activities.

Geographic Focus

Statewide (with targeted demonstrations).